The Professional Midwifery Advocate (PMA) is a role which has replaced the Supervisor of Midwives (SOM) in England. PMAs should now have been appointed in all NHS Trusts in England. This is part of the new model of midwifery supervision, A-EQUIP, which was published in 2017. A-EQUIP stands for Advocating and Educating for Quality Improvement.

PMAs should be experienced registered midwives who have undergone specific training in the role. In Scotland, Wales, and Northern Ireland, there is a similar role for "supervisors." Both supervisors and PMAs in all four nations have to follow an education programme based on the same key principles.

The following document details the A-EQUIP model and the role that PMAs should have in supporting women: www.england.nhs.uk/wp-content/uploads/2017/04/a-equip-midwifery-supervision-model.pdf

It states "The PMA is a new and fundamental leadership and advocacy role designed to deploy the A-EQUIP model. The role supports staff through a continuous improvement process that aims to build personal and professional resilience, enhance quality of care and support preparedness for professional revalidation."

Trusts can decide whether to employ someone in this role full time or to appoint someone to do it in addition to another role in the maternity service.

The A-EQUIP model is intended to work for women in three ways:

- Advocating for women
- Providing direct support for women within a restorative approach
- Undertaking quality improvement in collaboration with women.

PMAs should be ensuring that all midwives are equipped “with the skills and knowledge to be able to advocate confidently for women”. In some cases, the PMA will offer direct support to women, but the maternity service provider can decide whether they should have this direct role or not. From what AIMS
has heard, they do have this role in many Trusts, but not all.

It is well worth reading the section of the document entitled “How A-EQUIP and the PMA role works for women” which explains in detail how PMAs should train and support midwives to advocate for women. It makes clear that “Part of the PMA’s role is to support midwives to support women whose care choices they do not necessarily agree with and may find distressing” and to “help colleagues to recognise that a woman’s view of benefit and risk is subjective and may differ from that of the healthcare professional, but nonetheless needs to be respected and advocated for, as long as the woman has been given all the information required to make an informed choice.”

Other aspects of the PMA’s role which are particularly relevant to women and pregnant people are supporting the provision of listening services and consulting with them “when initiating service improvement initiatives.”

**Action for Birth Activists:**

If you are someone who supports maternity service users to escalate concerns about their care needs when their named midwife is unable or unwilling to advocate for them, find out whether PMAs are available to directly advocate for women in your Trust. If not, then find out what alternative form of advocacy the Trust is providing to consider individual needs, such as a discussion with the Head of Midwifery or the local consultant midwife or midwives.

Whatever the advocacy process is, the relevant contact details should be easily accessible to service users on the Trust’s website, and also provided at the first midwife appointment and included in the maternity notes. If the details are not easy for service users to find, then you may want to raise this issue with the Trust and the local MVP (Maternity Voices Partnership)/Maternity Service Liaison Committee (MSLC).